

**Commonwealth of Massachusetts
Center for Health Information & Analysis (CHIA)
Non-Government Agency Application for Data**

This application is to be used by all applicants, except Government Agencies, as defined in 957 CMR 5.02.

NOTE: *In order for your application to be processed, you must submit the required application fee. Please consult the fee schedules for APCD and Case Mix data for the appropriate fee amount. A remittance form with instructions for submitting the application fee is available on the CHIA website.*

I. GENERAL INFORMATION

APPLICANT INFORMATION	
Applicant Name:	Natalia Olchanski
Title:	Project Director
Organization:	Tufts Medical Center
Project Title:	Best opportunities for improving Massachusetts health within budget constraints
Date of Application:	04/30/2014
Project Objectives (240 character limit)	Our research seeks to address the following key research question: <i>how can Massachusetts reallocate health care resources to best maintain or improve population health without increasing costs beyond levels specified by Chapter 224 of the Act of 2012?</i>
Project Research Questions (if applicable)	Key components of this research include determination of (1) how much money is being spent in the Commonwealth on services (ranked in terms of aggregate spending); (2) what interventions have the greatest potential to increase utilization, i.e., which services are least utilized relative to their potential; (3) savings that would be accrued if resources were reallocated away from heavily utilized services and what health benefits would be lost; and (4) how much it would cost to increase utilization of low utilized services and what health benefits would be gained.

Please indicate if you are a Researcher, Payer, Provider, Provider Organization or Other entity and whether you are seeking data pursuant to [957 CMR 5.04](#) (De-Identified Data), [957 CMR 5.05](#) (Direct Patient Identifiers for Treatment or Coordination of Care), or [957 CMR 5.06](#) (Discretionary Release).

<input checked="" type="checkbox"/>	Researcher	<input checked="" type="checkbox"/>	957 CMR 5.04 (De-identified Data)
<input type="checkbox"/>	Payer	<input type="checkbox"/>	957 CMR 5.05 (Direct Patient Identifiers)
<input type="checkbox"/>	Provider / Provider Organization	<input type="checkbox"/>	957 CMR 5.06 (Discretionary Release)
<input type="checkbox"/>	Other		

II. PROJECT SUMMARY

Briefly describe the purpose of your project and how you will use the requested CHIA data to accomplish your purpose.

Rather than imposing specific directives that dictate how health care entities should restrain cost growth, The Act of 2012 creates incentives for savings on the order of \$200 billion over the next 15 years. That means the health care entities must identify opportunities on their own to control costs. At the same time, they must continue to promote population health. Our research will provide decision makers a tool for projecting how a reallocation of health resources will influence both citizens' health and health care costs. These projections will shed light on the value and trade-offs of health interventions and inform key policy decisions in the Commonwealth.

We will use the Massachusetts All-Payer Claims Database (APCD) and other large national databases, including BRFSS and NHIS, to characterize the patient population, utilization and costs of existing technologies and health care services specific to Massachusetts.

III. FILES REQUESTED

Please indicate the databases from which you seek data, the Level(s) and Year(s) of data sought.

ALL PAYER CLAIMS DATABASE	Level 1 ¹ or 2 ²	Single or Multiple Use	Year(s) Of Data Requested Current Yrs. Available 2009 - 2012
<input checked="" type="checkbox"/> Medical Claims	<input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2	Single	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input checked="" type="checkbox"/> 2012
<input checked="" type="checkbox"/> Pharmacy Claims	<input type="checkbox"/> Level 1 <input checked="" type="checkbox"/> Level 2	Single	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input checked="" type="checkbox"/> 2012
<input type="checkbox"/> Dental Claims <input checked="" type="checkbox"/> Member Eligibility <input type="checkbox"/> Provider <input type="checkbox"/> Product	<input type="checkbox"/> Level 2 <input checked="" type="checkbox"/> Level 2 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 2	Select... Single Select... Select...	<input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input checked="" type="checkbox"/> 2011 <input checked="" type="checkbox"/> 2012

CASEMIX	Level 1 - 6	Fiscal Years Requested
Inpatient Discharge	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN)	<u>1998-2012 Available</u> (limited data 1989-1997)

¹ Level 1 Data: De-identified data containing information that does not identify an individual patient and with respect to which there is no reasonable basis to believe the data can be used to identify an individual patient. This data is de-identified using standards and methods required by HIPAA.

² Level 2 (and above) Data: Includes those data elements that pose a risk of re-identification of an individual patient.

	<input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	
Outpatient Observation	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>2002-2012 Available</u>
Emergency Department	<input type="checkbox"/> Level 1 – No Identifiable Data Elements <input type="checkbox"/> Level 2 – Unique Physician Number (UPN) <input type="checkbox"/> Level 3 – Unique Health Information Number (UHIN) <input type="checkbox"/> Level 4 – UHIN and UPN; Stated Reason for Visit <input type="checkbox"/> Level 5 – Date(s) of Admission; Discharge; Significant Procedures <input type="checkbox"/> Level 6 – Date of Birth; Medical Record Number; Billing Number	<u>2000-2012 Available</u>

IV. FEE INFORMATION

Please consult the fee schedules for APCD (Administrative Bulletin 13-11) and Case Mix data (Administrative Bulletin 13-09) and select from the following options:

APCD Applicants Only

- Academic Researcher
- Others (Single Use)
- Others (Multiple Use)

Case Mix Applicants Only

- Single Use
- Limited Multiple Use
- Multiple Use

Are you requesting a fee waiver?

- Yes
- No

If yes, please submit a letter stating the basis for your request.

V. REQUESTED DATA ELEMENTS [APCD Only]

State and federal privacy laws limit the use of individually identifiable data to the minimum amount of data needed to accomplish a specific project objective. Please use the [APCD Data Specification Workbook](#) to identify which data elements you would like to request and attach this document to your application.

VI. MEDICAID DATA [APCD Only]

Please indicate here whether you are seeking Medicaid Data:

- Yes
- No

Federal law (42 USC 1396a(a)7) restricts the use of individually identifiable data of Medicaid recipients to uses that are directly connected with the administration of the Medicaid program. If you are requesting Medicaid data from Level 2 or above, please describe in detail why your use of the data meets this requirement. Applications requesting Medicaid data will be forwarded to MassHealth for a determination as to whether the proposed use of the data is directly connected to the administration of the Medicaid program. MassHealth may impose additional requirements on applicants for Medicaid data as necessary to ensure compliance with federal laws and regulations regarding Medicaid.

We intend to include in our analysis the very important perspective of MassHealth costs and service utilization. As a key health policy decision maker in the Commonwealth, MassHealth also must abide by the Act of 2012 in governing healthcare service use and maintaining beneficiaries’ health within specified budget constraints. The Medicaid population is different from other populations in terms of health status, health care utilization, and outcomes, therefore it is important for decision makers to use the analysis and tools based on specifically MassHealth beneficiary data.

VII. MEDICARE DATA

Please indicate here whether you are seeking Medicare Data:

- Yes
- No

Medicare data may only be disseminated to state agencies and/or entities conducting research projects that are directed and partially funded by the state if such research projects would allow for a Privacy Board or an IRB to make the findings listed at 45 CFR 164.512(i)(2)(ii) if the anticipated data recipient were to apply for the data from CMS directly. If you are requesting Medicare data, please explain how your research project is directed and partially funded by the state and describe in detail why your proposed project meets the criteria set forth in 45 CFR 164.512(i)(2)(ii). Applicants must describe how they will use the data and inform CHIA where the data will be housed. CHIA must be informed if the data has been physically moved, transmitted, or disclosed.

Applicants seeking Medicare data must complete a Medicare Request Form.

Applicants approved to receive Medicare data will be required to execute an Addendum to CHIA’s standard data use agreement, containing terms and conditions required by CHIA’s data use agreement with CMS.

VIII. DIRECT PATIENT IDENTIFIERS³

State and federal privacy laws may require the consent of Data Subjects prior to the release of any Direct Patient Identifiers. If you are requesting data that includes Direct Patient Identifiers, please provide documentation of patient consent or your basis for asserting that patient consent is not required.

IX. REQUESTS PURSUANT TO 957 CMR 5.04

Payers, providers, provider organizations and researchers seeking access to Level 1 (de-identified) data are required to describe how they will use such data for the purposes of lowering total medical expenses, coordinating care, benchmarking, quality analysis or other administrative research purposes. Please provide this information below.

X. FILTERS

If you are requesting APCD elements from Level 2 or above, describe any filters you are requesting to use in order to limit your request to the minimum set of records necessary to complete your project. (For example, you may only need individuals whose age is less than 21, claims for hospital services only, or only claims from small group projects.)

APCD FILE	DATA ELEMENT(S) FOR WHICH FILTERS ARE REQUESTED	RANGE OF VALUES REQUESTED
Medical Claims		
Pharmacy Claims		
Dental Claims		
Membership Eligibility		
Provider		
Product		

XI. PURPOSE AND INTENDED USE

1. Please explain why completing your project is in the public interest.

The current movement towards comparative effectiveness and evidence based medicine demonstrates that the medical community struggles because it has limited knowledge of which services are effective, let alone provide good value for money. Without information about the relative value of services, health care administrators and providers are left guessing how to implement the Act of 2012 without compromising population health. Our project will address the question of how health care resources can be reallocated in the Commonwealth to better control costs while ensuring that in the aggregate health care outcomes remain at the same level or perhaps even improve.

³ Direct Patient Identifiers. Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or that can be combined with other readily available information to uniquely identify an individual.

2. **Attach** a brief (1-2 pages) description of your research methodology. (This description will not be posted on the internet.)
3. Has your project received approval from your organization’s Institutional Review Board (IRB)?
 - Yes, and a copy of the approval letter is attached to this application.
 - No, the IRB will review the project on _____.
 - No, this project is not subject to IRB review.
 - No, my organization does not have an IRB.

XII. APPLICANT QUALIFICATIONS

1. Describe your qualifications to perform the research described or accomplish the intended use of CHIA data.

Since its inception in 2006, the Center for the Evaluation of Value and Risk in Health (CEVR) at Tufts Medical Center in Boston has been a leader in analyzing issues pertaining to value, cost-effectiveness, and risk tradeoffs in healthcare decisions. CEVR has developed and maintains two internationally-known databases, the Cost-Effectiveness Analysis Registry (www.cearegistry.org) and the National Coverage Determinations Database. CEVR’s researchers bring experience in economics, decision analysis and modeling, health services and outcomes research, and policy analysis.

Peter J. Neumann, Sc.D., is Director of CEVR, and Professor of Medicine at Tufts University School of Medicine. He is the founder and director of the Cost-Effectiveness Registry (www.cearegistry.org), a comprehensive database of cost-effectiveness analyses in health care. He is the author or co-author of over 200 papers in the medical literature, and the author of *Using Cost-Effectiveness Analysis to Improve Health Care* (Oxford University Press, 2005). He is a member of several boards, including the editorial board of *Health Affairs*. Dr. Neumann has served as President of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR), and as a trustee of the Society for Medical Decision Making. He has also held several policy positions in Washington, including Special Assistant to the Administrator at the Health Care Financing Administration.

Joshua T. Cohen, Ph.D., is a Research Associate Professor of Medicine and Deputy Director of the CEVR. His research focuses on the application of decision analytic techniques to public health risk management problems with an emphasis on quantifying the risks, benefits, and costs of public health interventions.

Natalia Olchanski, M.S., is a Project Director at CEVR. Her research has included cost-effectiveness, budget impact, and decision modeling studies of healthcare resource use and costs, disease burden, and treatment patterns.

2. Attach résumés or curriculum vitae of the applicant/principal investigator, key contributors, and of all individuals who will have access to the data. (These attachments will not be posted on the internet.)

XIII. DATA LINKAGE AND FURTHER DATA ABSTRACTION

1. Does your project require linking the CHIA Data to another dataset?

- Yes
- No

2. If yes, will the CHIA Data be linked to other patient level data or with aggregate data (e.g. Census data)?

- Patient Level Data
- Aggregate Data

3. If yes, please identify all linkages proposed and explain the reasons(s) that the linkage is necessary to accomplish the purpose of the project.

4. If yes, please identify the specific steps you will take to prevent the identification of individual patients in the linked dataset.

XIV. PUBLICATION / DISSEMINATION / RE-RELEASE

1. Describe your plans to publish or otherwise disclose CHIA Data, or any data derived or extracted from such data, in any paper, report, website, statistical tabulation, seminar, conference, or other setting.

First, we will submit a peer review publication on our research findings to a major clinical and/or health policy journal (e.g., JAMA, Health Affairs). We will also present the findings at major scientific conferences (e.g., Academy Health). In addition, we plan to hold a webinar and policy conference based on the study findings.

Our publications will represent analysis findings based on aggregate data derived from the APCD and other sources. Costs and service utilization will be examined by payer type (such as private payer or Medicare), but will not be identified at individual payer or provider level. Data will not be identifiable at an individual patient level, as per-patient averages will only be shown if sufficient sample sizes mask individual data.

2. Will the results of your analysis be publicly available to any interested party? Please describe how an interested party will obtain your analysis and, if applicable, the amount of the fee.

Yes, we plan to publish our research findings in a peer-reviewed journal, and as such they would be available to the public. We do not plan to charge a fee specifically for access to reports of our analysis and findings.

3. Will you use the data for consulting purposes?

- Yes
- No

4. Will you be selling standard report products using the data?

- Yes
- No

5. Will you be selling a software product using the data?

- Yes
- No

6. If you have answered “yes” to questions 3, 4 or 5, please describe the types of products, services or studies.

XV. USE OF AGENTS AND/OR CONTRACTORS

Third-Party Vendors. Provide the following information for all agents and contractors who will work with the CHIA Data.

Company Name:	
Contact Person:	
Title:	
Address:	
Telephone Number:	
E-mail Address:	
Organization Website:	

7. Will the agent/contractor have access to the data at a location other than your location or in an off-site server and/or database?

- Yes
- No

8. Describe the tasks and products assigned to this agent or contractor for this project.

9. Describe the qualifications of this agent or contractor to perform such tasks or deliver such products.

10. Describe your oversight and monitoring of the activity and actions of this agent or subcontractor.

